

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Garcia Care Home	CHAPTER 100.1
Address: 99-568 Huakanu Street, Aiea, Hawaii 96701	Inspection Date: February 5, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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STATE LICENSING
FOR HEALTH CARE

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> For Substitute care giver #5, no evidence of an initial two-step TB skin test clearance prior to start of services, 1/2019.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Conducted. Brought substitute caregiver to Lanakila Health center to take a 2-step TB clearance.</p>	<p>1-29-19 2-14-19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> For Substitute care giver #5, no evidence of an initial two-step TB skin test clearance prior to start of services, 1/2019.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Before start of service, 8-23-19 I will be the substitute and give them the form TB clearance form to go to Kanakula Health CTR. When they return the form I will file the form in my care Home folder binder and start to schedule to work.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(2) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Have the ability to communicate, read and write in the English language;</p> <p><u>FINDINGS</u> For new substitute care giver #5, no evidence of a current First Aid certificate.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Corrected . A new substitute care-giver took a First aid training and provide the certificate to the home .</p>	2-8-19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(2) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Have the ability to communicate, read and write in the English language;</p> <p><u>FINDINGS</u> For new substitute care giver #5, no evidence of a current First Aid certificate.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Before start of service I will tell the substitute to get the First Aid Training Certificate. When they return with the certificate I will file in the care Home binder and start to schedule to work. To check for renewal. I will use the tracking form to see when the certificate expires and remind staff to take the class again.</p>	8-23-19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> For new substitute care giver #5, no evidence of a current Cardiopulmonary Resuscitation certificate.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>corrected. Took a CPR certificate.</p>	2-8-19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> For new substitute care giver #5, no evidence of a current Cardiopulmonary Resuscitation certificate.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Before start of service I will tell the substitute to go the CPR training certificate. when they return with the certificate I will file in my care home binder and start to schedule to work. to check for renewal certificate expires and remind staff to take class again</p>	8-23-19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(2) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be able to provide personal care to the residents, including bathing, dressing, transferring, feeding, and transporting residents, and be able to provide care as stipulated in the schedule of activities or care plan;</p> <p><u>FINDINGS</u> For substitute caregivers #2, #5 & #6, no evidence training by primary care giver (PCG) to ensure able to provide care.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Corrected.</i> <i>The Primary caregiver provide the training to substitute caregiver # 2, 5 + 6.</i></p>	<p><i>2-15-19</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(2) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be able to provide personal care to the residents, including bathing, dressing, transferring, feeding, and transporting residents, and be able to provide care as stipulated in the schedule of activities or care plan;</p> <p><u>FINDINGS</u> For substitute caregivers #2, #5 & #6, no evidence training by primary care giver (PCG) to ensure able to provide care.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will train all subs filele caregivers to provide care for my residents. After the training I will ask them to sign the form/Training checklist. And keep the form in my care binder and I will review every year.</p>	8-23-19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><u>FINDINGS</u> Resident #1, no current inventory of possessions. Current inventory of possessions is dated 12/17. Repeat citation.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>corrected. The inventory was done.</p>	2-6-19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><u>FINDINGS</u> Resident #1, no current inventory of possessions. Current inventory of possessions is dated 12/17. Repeat citation.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will review and update the inventory every December and as needed. Before my inspection month I will check if it is done</i></p>	<p><i>8-23-19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> For Resident #1, unaware of new special diet order. For example, physician order (1/10/19 and 1/29/19) reads, "<u>CHF, NAS with daily weights</u>. Call if more than three pound gain in 1-2 weeks". PCG reports diet is <u>Regular</u>.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I brought the resident to his Primary Doctor and change the diet order to regular.</i></p>	<p><i>82-7-19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> For Resident #1, unaware of new special diet order. For example, physician order (1/10/19 and 1/29/19) reads, "<u>CHF, NAS with daily weights</u>. Call if more than three pound gain in 1-2 weeks". PCG reports diet is <u>Regular</u>.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Step 1 When the Doctor Orders a special diet I will check the order using the list of standard diet order provided by the DOH.</p> <p>Step 2 - I will contact the DOH Dietician for guidance to help me make a special Diet menu.</p> <p>Step 3. I will post the menu in the kitchen and the dining area.</p>	8-23-19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> For Resident #1, incorrect label. The time of administration on the label do not match the signed order as follows:</p> <ol style="list-style-type: none"> 1. Order reads, "Donepezil 15 mg i <u>QAM</u>" 2. Label reads, "Donepezil 15 mg i <u>QHS</u>" 3. MAR reads, "Donepezil 15 mg i QHS" 	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>corrected. Brought Resident to the Doctor to clarify the order and changed the label by the Pharmacy.</p>	2-7-19

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> For Resident #1, incorrect label. The time of administration on the label do not match the signed order as follows:</p> <ol style="list-style-type: none"> 1. Order reads, "Donepezil 15 mg i <u>OAM</u>" 2. Label reads, "Donepezil 15 mg i <u>QHS</u>" 3. MAR reads, "Donepezil 15 mg i QHS" 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Before leaving the Pharmacy I will check the label to see if it match with the Doctors order. If it doesnt I will the Pharmacy immediately.</i></p>	<p>8-23-19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> For Resident #1, no evidence in Medication Administration Record (MAR) how much "Lantis Solaria" made available per blood glucose parameters ordered for December 2018.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> For Resident #1, no evidence in Medication Administration Record (MAR) how much "Lantis Solaria" made available per blood glucose parameters ordered for December 2018.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>① when insulin order are based on Glucose blood tests, I will record on how much insulin given in the plan.</p> <p>② I will review the Plan in the caregivers training.</p>	8-23-19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> For Resident #1, no initials in MAR for "Lantus Solaris" to indicate when made available during prior twelve months.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> For Resident #1, medication was not evaluated and orders renewed every <u>four months</u>. For example, physician office visits on 1/31/18 and 7/24/18 was a period of <u>five months</u>.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> For Resident #1, medication was not evaluated and orders renewed every <u>four months</u>. For example, physician office visits on 1/31/18 and 7/24/18 was a period of <u>five months</u>.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>① I will put the reminders in my calendar.</p> <p>② I should be able to request a different date. I will make a note in the resident record to explain.</p> <p>③ continue to use a calendar to schedule future appointments every 4 months.</p>	8-23-19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> For Resident #1, PRN medication (Meclizine 12.5 mg) expired (1/13/19) and secured with current medications.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>corrected. Brought Resident to the Doctor and prescribed a new order.</p>	2-7-19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> For Resident #1, PRN medication (Meclizine 12.5 mg) expired (1/13/19) and secured with current medications.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>(1) I will check the medication expiration date every time I give the</p> <p>(2) Every time medication to the resident.</p> <p>(2) Notify the Doctor if medication is close expiration date, will</p> <p>(3) if it is expired, remove it from the medication cabinet and dispose of immediately.</p>	8-23-19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> For Resident #1, incorrect medication dosage on MAR:</p> <ol style="list-style-type: none"> 1. Orders (7/2/18, 8/13/18, 9/07/18, 11/0/18, and 1/4/19) read, "Januvia <u>25 mg</u> one tab daily". 2. MAR (Feb 2018-Feb 2019) reads, "Januvia <u>100 mg</u> one tab daily". 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I brought the resident to the Doctor who prescribed a new order. I wrote a new order into the Mar.</i></p>	<p><i>2-7-19</i> <i>8-</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> For Resident #1, incorrect medication dosage on MAR:</p> <ol style="list-style-type: none"> 1. Orders (7/2/18, 8/13/18, 9/07/18, 11/0/18, and 1/4/19) read, "Januvia 25 mg one tab daily". 2. MAR (Feb 2018-Feb 2019) reads, "Januvia 100 mg one tab daily". 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>After I write a new order into the MAR, I will check the Physician with the MAR to see if they are the same.</p>	8-23-19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> For Resident #1, no progress notes since March 2018.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> For Resident #1, no progress notes since March 2018.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>①. I stop using a notebook to record my observations. At the end the month I will record my observation directly in my resident record.</p> <p>②. I will check the following day again.</p> <p>③. I will use my calendar to remind me to check my progress notes every month.</p>	8-23-19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> For Resident #1, no evidence of daily weight checks and reporting as ordered (1/10/19 and 1/29/19) by a physician.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> For Resident #1, no evidence of daily weight checks and reporting as ordered (1/10/19 and 1/29/19) by a physician.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>when the Doctors treatment I will put the order in the man. This is to help me make the record of the service I provided.</i></p>	<p><i>8-23-19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> For Resident #1, no evidence of daily blood glucose checks during December 2018 as ordered by the physician.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> For Resident #1, no evidence of daily blood glucose checks during December 2018 as ordered by the physician.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>For blood glucose check Ordered by the Physician I will write in the HAR record and initial the plan.</p>	<p>8-23-19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(6) During residence, records shall include:</p> <p>All recordings of temperature, pulse, respiration as ordered by a physician, APRN or as may appear to be needed. Physician or APRN shall be advised of any changes in physical or mental status promptly;</p> <p><u>FINDINGS</u> For Resident #1, order reads “call MD if blood glucose (BG) is less than 110” However, no evidence that the PCG notified the physician when daily BG readings were less than 110. BG readings was less than 110 for 66 treadings.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(6) During residence, records shall include:</p> <p>All recordings of temperature, pulse, respiration as ordered by a physician, APRN or as may appear to be needed. Physician or APRN shall be advised of any changes in physical or mental status promptly;</p> <p><u>FINDINGS</u> For Resident #1, order reads "call MD if blood glucose (BG) is less than 110" However, no evidence that the PCG notified the physician when daily BG readings were less than 110. BG readings was less than 110 for 66 readings.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>when the Doctor's order for treatment include when to call MD I will write this in the plan. For reading that requires a phone call I will initial and make a explanation in the progress notes describing when I called the Doctor.</p>	8-23-19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> For Resident #1, no evidence of notes reflecting physician office visits.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> For Resident #1, no evidence of notes reflecting physician office visits.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>(1) I use my calendar to record all appointments.</p> <p>(2) After I make the appointment and the resident see the doctor I will describe this in the progress notes.</p> <p>(3) I will check off the calendar to show that I completed my progress notes.</p>	8-23-19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> For Resident #1, no incident report for emergency room visits on 6/30/18, 8/9/18, and on 9/17/18.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> For Resident #1, no incident report for emergency room visits on 6/30/18, 8/9/18, and on 9/17/18.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>①. Primary caregiver described the event in the incident report 24 hrs. after the event.</p> <p>②. Incident report filed in facility folder.</p> <p>③. The following day I check the report if it's complete and filed.</p>	<p>8-23-19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (d)(3) When a resident is transferred, a written transfer summary shall be prepared, and a copy given promptly to the receiving facility, which shall include:</p> <p>Current physical and mental status of resident;</p> <p><u>FINDINGS</u> For Resident #1, no evidence of a transfer upon respite on 8/24/-9/3/2018. When asked for the transfer summary, the PCG provided an admission assessment form dated 2012.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (d)(3) When a resident is transferred, a written transfer summary shall be prepared, and a copy given promptly to the receiving facility, which shall include:</p> <p>Current physical and mental status of resident;</p> <p><u>FINDINGS</u> For Resident #1, no evidence of a transfer upon respite on 8/24/-9/3/2018. When asked for the transfer summary, the PCG provided an admission assessment form dated 2012.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will give a blank transfer form to the respite caregiver at start of respite to remind the respite worker to provide me a transfer summary when I readmit.</p>	8-23-19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><u>FINDINGS</u> For Resident #1, emergency form is not current. For example, list of medications is outdated as is diet. See enclosed form for "Resident Emergency Information Form" which was updated on 4/21/14.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Corrected. write a new Resident Emergency Information form including the lists of medication!</p>	<p>2-7-19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><u>FINDINGS</u> For Resident #1, emergency form is not current. For example, list of medications is outdated as is diet. See enclosed form for "Resident Emergency Information Form" which was updated on 4/21/14.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will use the admission / readmission check list to help me remember to complete emergency form. I will update the emergency form at Annual Physical.</p>	8-23-19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> For Resident #1, during inspection PCG signed and post-dated monthly notes for March 2018 to January 2019. The PCG used copies of one (1) completed form to sign. The content for each month was identical to the prior month.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> For Resident #1, during inspection PCG signed and post-dated monthly notes for March 2018 to January 2019. The PCG used copies of one (1) completed form to sign. The content for each month was identical to the prior month.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I no longer using the notebook for my observation. I will use the progress notes for all my notes.</i></p>	<p><i>8-23-19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p>FINDINGS For Residents #1, #2, #3, #4 and #5, general register reads, "admitted on 12/14/17". No other information available.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>When my residents or Respite, I will describe that in my resident that register. ^{eg} and I have not admitted new resident for many years. The admission this year were only from Respite. I added my Respite to the register.</p>	8-23-19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p>FINDINGS For Residents #1, #2, #3, #4 and #5, general register reads, "admitted on 12/14/17". No other information available.</p>	<p>PART 2</p> <p>FUTURE PLAN</p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I provide a complete entry to my register for my next re-admission</i></p>	<p><i>8-23-19</i></p>

Licensee's/Administrator's Signature: Fe Garcia

Print Name: Fe Garcia

Date: June 15, 2019

Licensee's/Administrator's Signature: Fe A. Garcia

Print Name: Fe A. Garcia

Date: 8-23-19